

Central Bedfordshire Health and Wellbeing Board

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Title of Report Section 256 Transfer Funding from Health to Social Care

Meeting Date: 2 October 2014

Responsible Officers: Julie Ogley, Director of Social Care, Health & Housing
John Rooke, Chief Operating Officer, NHS Bedfordshire
CCG

Presented by: Nick Murley, Assistant Director Resources

Action Required: To agree the allocation of Health Funding which will support the delivery of the priorities of the Health and Wellbeing Board.

Executive Summary

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| 1. | To agree the transfer of funding from Health to Adult Social Care to support the delivery of the priorities of the Health & Wellbeing Board. |
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Background

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| 2. | <p>Last year the Health & Wellbeing Board approved the transfer funding for 2013/14 at its meeting on 7 November 2013 and this report is the equivalent for 2014/15.</p> <p>The national transfer of funding from Health to Social Care for 2014/15 is an allocation of £3,969,039.</p> <p>The key requirements for use of this funding have not changed and are:-</p> <ul style="list-style-type: none">• The funding will transfer from the National Commissioning Board to local councils, it is not part of the Bedfordshire Clinical Commissioning Groups (BCCG) budget allocation;• The funding must be used to support Adult Social Care Services in each local authority, which also has a health benefit; |
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	<ul style="list-style-type: none"> • How the funding will be spent should be agreed by Health and Wellbeing Boards, after discussion between the NCB, the BCCGs and the Council; • In making decisions on how the money is spent partners should think about the needs identified in the Joint Strategic Needs Assessment (JSNA); • A condition of the transfer will be that local authorities demonstrate how the funding will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer; • The money can be used to support existing council services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The money can also be used for new investment, again where this can demonstrate benefits for the health and care system.
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Detailed Recommendation

<p>4.</p>	<p>The Health and Wellbeing Board is recommended to:</p>
<p>4.1</p>	<p>Agree the broad outline of the transfer of funding from the National Commissioning Board (NCB) to CBC to support Adult Social Care and to delegate the final decision on the use of the funding to the Director of Social Care, Health & Housing, in consultation with BCCG and NCB.</p>
<p>4.2</p>	<p>Support the sign off of a Section 256 legal agreement between CBC and the NCB.</p>
<p>5.</p> <p>5.1</p>	<p>Allocation of Grant Funding</p> <p>As part of the preparation and submission of the Better Care Plan there have been a number of discussions between the Council and the BCCG to identify and agree the priority areas to be funded from the Section 256 money.</p> <p>These are summarised below and are set out in more detail in the draft Section 256 agreement attached at Appendix A. Activity is similar to those areas funded from the equivalent transfer from the NHS to social care in 2011/12, 2012/13 and 2013/14 although the allocation now includes an amount for investment to pump prime activity to support the Better Care Fund implementation.</p>

The table below shows specific uses of the funding:

	£
Community equipment and adaptations	587,000
Telecare	186,000
Hospital discharge	1,774,200
Bed-based intermediate care services	625,000
Better Care Fund Investment	696,839
Other Preventative Services	100,000
Total Funding Transfer from NHS to Social Care in 2013/14	3,969,039

The funding has been allocated to the Better Care Fund schemes as follows:

Better Care Fund Scheme	£'000
Transforming Primary Care	34
Integrated Rapid Response	853
Efficient Care Planning	876
Supported Discharge	1,957
BCF Implementation	249
Total	3,969

Issues

Strategy Implications

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| 6.0 | The Section 256 funding is aimed at social care funding that also has an NHS benefit and does support the priorities as set out in the Health & Wellbeing Strategy. |
| 6.1 | Individual schemes will support the specific objectives e.g. improving hospital discharge and providing intermediate care services and a number of outcome measures are being developed to evidence this. These are also set out in the appendix against each scheme. |

6.2	A number of the schemes proposed have prevention elements including supporting the Ageing Well Programme and creation of Public Health Lifestyle Hubs.
Governance & Delivery	
7.0	For the funding to be released by the NCB, the proposals need to be agreed with the BCCG and ratified by the Health and Wellbeing Board. The former has been done and this report is seeking that ratification from the Health & Wellbeing Board.
7.1	If the Health & Wellbeing Board approve the allocation of funding, then the Council will invoice NHS England for the full amount of grant.
7.2	Progress made against the outcome measures will be monitored and presented to the Health & Wellbeing Board through the new governance arrangements to support the Better Care Fund.
7.3	In addition an annual audit voucher will be prepared and signed off by the Central Bedfordshire Internal Audit service at the end of 2014/15, demonstrating that the allocation of funding has been spent on the activities set out the in S256 Agreement.
Management Responsibility	
8.0	Responsibility for the delivery of the outcomes rests with Director for Social Care, Health and Housing. This responsibility may be delegated for day to day operational delivery.
Public Sector Equality Duty (PSED)	
9.0	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
9.1	Are there any risks issues relating Public Sector Equality Duty No